

PATRICK AIR FORCE BASE MILITARY EVENT REQUEST

Building 1391, Marina Road, Patrick AFB, FL 32925

Office: (321) 494-7478/7477 **Emergency Cell**: (321) 505-4057 **Fax:** (321) 494-1357

Hours of Operations: Mon - Fri 0730 to 1630

TO REQUEST HONOR GUARD PARTICIPATION, THE FOLLOWING MUST BE ACCOMPLISHED

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Please provide at minimum	a two week or more notice, if pos	ssible.		
Please contact the Patrick A	FB Public Affairs Office at (321)	494-5933 for event participat	ion approval, if event will be held o	ff
base.				

Call our office at (321) 494-7477/7478 to verify/confirm receipt of the request. Submission of this form is an official request for Honor Guard participation; however, you must receive verbal confirmation from a Patrick AFB Honor Guard representative. Please note that Military Funeral Honors will take priority and a backup plan is suggested.

For emergencies or after-hour requests only, please call the Patrick AFB Emergency cell phone at (321) 505-4057.

	Event Coordinator or Requestor's Name	
Frant	Organization's Name	
Event Coordinator or Requestor	Address	
Information	Phone Number	
	Alternate Phone Number	
	Name of Event/Ceremony	
_	Name and Rank of Retiree	
Type of Service	Service Requested (circle one)	Outdoor Colors Indoor Colors Sabers POW/MIA
Requested		Outdoor Colors (4 Person) US Flag AF Flag Two Rifle Guards
Requested		Indoor Colors (4 Person) US Flag AF Flag Two Rifle Guards
		Retirement Ceremony (2 Person) Fold/Presentation & Pre-Posted Flags Retirement Ceremony (4 Person) Fold/Presentation & Posting of Colors
		Sabers (Indicate Quantity)
		POW/MIA (5 Person) Air Force, Army, Coast Guard, Marines, Navy
Date/Time/	Date and Time of Event	Day Date Time
Location of	Location of Event	
Event	Complete Address	
	Telephone Number	
	Function Description	
	A 1446 - m 1 C - m - m - m / P	
	Additional Comments/ Requests	

******MILITARY FUNERAL HONORS WILL TAKE PRIORITY******

Thank You Ca	ards/Letters: If you would like to send a thank you card or letter to the Honor Guard, please mail	to:
	1201 Edward H. White II Street	
	Patrick AFB, FL 32925	
	Administrative Use Only	
Varification	Paguastar/POC (Nama Data Tima)	

Requestor/POC (Name, Date, Time)____ Verification: Calendar Invite (Date) Printed Packet (Initial) _____ **Processing:** Logging Data: Funeral Report (Date) _____ Completed By: